

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

10/009022

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4				1		
5					1	
6						1
7						
8			1			
9				1		
10					1	
11						1
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23			1			
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46						
47						
48						
49						
50						
TOTAL						
TOTAL						
TOTAL						
AMOUNTS						

1						
2						
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25						
26						
27						
28						
29						
30						
TOTAL IND.	8					
TOTAL DEP.	69					
TOTAL CLAIMS	77					